

STD TREATMENT GUIDELINES FOR ADULTS AND ADOLESCENTS

These guidelines for the treatment of patients with STDs reflect the 1998 CDC STD Treatment Guidelines and the Region IX Infertility Clinical Guidelines. The focus is primarily on STDs encountered in office practice. These guidelines are intended as a source of clinical guidance; they are not a comprehensive list of all effective regimens. To report STD infections; request assistance with confidential notification of sexual partners of patients with syphilis, gonorrhea, chlamydia or HIV infection; or to obtain additional information on the medical management of STD patients, call the County Health Department. The California STD/HIV Prevention Training Center is an additional resource for training and consultation in the area of STD clinical management and prevention (510-883-6600).

DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
CHLAMYDIA			
Uncomplicated Infections Adults/Adolescents ¹	<ul style="list-style-type: none"> Azithromycin or Doxycycline² 	1 g po 100 mg po bid x 7 d	Erythromycin base 500 mg po qid x 7 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Ofloxacin ³ 300 mg po bid x 7 d
Pregnant Women ⁴	<ul style="list-style-type: none"> Amoxicillin or Azithromycin or Erythromycin base 	500 mg po tid x 7 d 1 g po 500 mg po qid x 7 d	Erythromycin base 250 mg po qid x 14 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Erythromycin ethylsuccinate 400 mg po qid x 14 d
GONORRHEA⁵			
Uncomplicated Infections Adults/Adolescents	<ul style="list-style-type: none"> Cefixime⁶ or Ceftriaxone or Ciprofloxacin³ or Oflloxacin³ plus⁵ a chlamydia recommended regimen listed above 	400 mg po 125 mg IM 500 mg po 400 mg po	Spectinomycin ⁷ 2 g IM plus ⁵ a chlamydia recommended regimen
Pregnant Women	<ul style="list-style-type: none"> Ceftriaxone or Cefixime⁶ plus⁵ a chlamydia recommended regimen listed above 	125 mg IM 400 mg po	Spectinomycin ⁷ 2 g IM plus ⁵ a chlamydia recommended regimen
PELVIC INFLAMMATORY DISEASE			
	Parenteral ⁸		Parenteral
	<ul style="list-style-type: none"> Cefotetan or Cefoxitin plus Doxycycline² or Clindamycin plus Gentamicin 	2 g IV q 12 hrs 2 g IV q 6 hrs 100 mg po or IM q 12 hrs 900 mg IV q 8 hrs 2 mg/kg IV or IM followed by 1.5 mg/kg IV or IM q 8 hrs	Ofloxacin ³ 400 mg IV q 12 hrs plus Metronidazole 500 mg IV q 8 hrs or Ampicillin/Sulbactam 3 g IV q 6 hrs plus Doxycycline ² 100 mg po or IV q 12 hrs or Ciprofloxacin ³ 200 mg IV q 12 hrs plus Doxycycline ² 100 mg po or IV q 12 hrs plus Metronidazole 500 mg IV q 8 hrs
	Oral Treatment		
	<ul style="list-style-type: none"> Oflloxacin³ plus Metronidazole or Ceftriaxone or Cefoxitin and Probenecid plus Doxycycline² 	400 mg po bid x 14 d 500 mg po bid x 14 d 250 mg IM 2 g IM 1 g po 100 mg po bid x 14 d	
MUCOPURULENT CERVICITIS⁹			
	<ul style="list-style-type: none"> Azithromycin or Doxycycline² 	1 g po 100 mg po bid x 7 d	Erythromycin base 500 mg po qid x 7 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Ofloxacin ³ 300 mg po bid x 7 d
NONGONOCOCCAL URETHRITIS⁹			
	<ul style="list-style-type: none"> Azithromycin or Doxycycline² 	1 g po 100 mg po bid x 7 d	Erythromycin base 500 mg po qid x 7 d or Erythromycin ethylsuccinate 800 mg po qid x 7 d or Ofloxacin ³ 300 mg po bid x 7 d
EPIDIDYMITIS			
	Likely due to Gonorrhea or Chlamydia		
	<ul style="list-style-type: none"> Ceftriaxone plus Doxycycline 	250 mg IM 100 mg po bid x 10 d	
	Likely due to enteric organisms		
	<ul style="list-style-type: none"> Oflloxacin³ 	300 mg po bid x 10 d	
TRICHOMONIASIS			
	<ul style="list-style-type: none"> Metronidazole 	2 g po	Metronidazole 500 mg po bid x 7 d
BACTERIAL VAGINOSIS			
Adults/Adolescents	<ul style="list-style-type: none"> Metronidazole or Clindamycin cream¹⁰ or Metronidazole gel 	500 mg po bid x 7 d 2%, one full applicator (5g) intravaginally at bedtime x 7 d 0.75%, one full applicator (5g) intravaginally, bid x 5 d	Metronidazole 2 g po or Clindamycin 300 mg po bid x 7 d
Pregnant Women	<ul style="list-style-type: none"> Metronidazole 	250 mg po tid x 7 d	Metronidazole 2 g po or Clindamycin 300 mg po bid x 7 d
CHANCRION			
	<ul style="list-style-type: none"> Azithromycin or Ceftriaxone or Ciprofloxacin³ or Erythromycin base 	1 g po 250 mg IM 500 mg po bid x 3 d 500 mg po qid x 7 d	
LYMPHOGRANULOMA VENEREUM			
	<ul style="list-style-type: none"> Doxycycline² 	100 mg po bid x 21 d	Erythromycin base 500 mg po qid x 21 d

1 Screen adolescents annually and women 20-24 years, especially if new or multiple partners.

2 Contraindicated for pregnant and nursing women.

3 Contraindicated for pregnant and nursing women and children < 18 years of age.

4 Test-of-cure follow-up is recommended because the regimens are not highly efficacious (Amoxicillin and Erythromycin) or the data on safety and efficacy are limited (Azithromycin)

5 Co-treatment for chlamydia infection is indicated if co-infection rates are high (>20%), less sensitive or no chlamydia test is done, or follow-up is uncertain.

6 Not recommended for pharyngeal gonococcal infection.

7 For patients who cannot tolerate cephalosporins or quinolones; not recommended for pharyngeal gonococcal infection.

8 Discontinue 24 hours after patient improves clinically and continue with oral therapy for a total course of 14 days.

9 Testing for gonorrhea and chlamydia is recommended because a specific diagnosis may improve compliance and partner management and these infections are reportable by CA State Law.

10 Might weaken latex condoms and diaphragms because oil-based; not recommended in pregnancy.

DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
HUMAN PAPILLOMAVIRUS			
External Genital/ Perianal Warts	Patient Applied <ul style="list-style-type: none"> • Podofiloxy¹¹ 0.5% solution or gel or • Imiquimod¹² 5% cream Provider Administered <ul style="list-style-type: none"> • Cryotherapy or • Podophyllin¹¹ resin 10%-25% in tincture of benzoin or • Trichloroacetic acid (TCA) or Bichloroacetic acid (BCA) 80%-90% or • Surgical removal 		Alternative Regimen Intralesional interferon or laser surgery
Vaginal Warts	<ul style="list-style-type: none"> • Cryotherapy or • TCA or BCA 80%-90% or • Podophyllin¹¹ 10%-25% in tincture of benzoin 		
Urethral Meatus Warts	<ul style="list-style-type: none"> • Cryotherapy or • Podophyllin¹¹ 10%-25% in tincture of benzoin 		
Anal Warts	<ul style="list-style-type: none"> • Cryotherapy or • TCA or BCA 80%-90% or • Surgical removal 		
HERPES SIMPLEX VIRUS¹³			
First Clinical Episode of Herpes	<ul style="list-style-type: none"> • Acyclovir¹² or • Acyclovir¹² or • Famciclovir¹² or • Valacyclovir¹² 	400 mg po tid x 7-10 d 200 mg po 5 x q d x 7-10 d 250 mg po tid x 7-10 d 1 g po bid x 7-10 d	
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> • Acyclovir¹² or • Acyclovir¹² or • Acyclovir¹² or • Famciclovir¹² or • Valacyclovir¹² 	400 mg po tid x 5 d 200 mg po 5 x q d x 5 d 800 mg po bid x 5 d 125 mg bid x 5 d 500 mg po bid x 5 d	
Suppressive Therapy	<ul style="list-style-type: none"> • Acyclovir¹² or • Famciclovir¹² or • Valacyclovir¹² or • Valacyclovir¹² 	400 mg po bid 250 mg po bid 500 mg po qd 1 g po qd	
SYPHILIS			
Primary, Secondary, and Early Latent	<ul style="list-style-type: none"> • Benzathine penicillin G 	2.4 million units IM	Doxycycline ² 100 mg po bid x 2 weeks or Tetracycline ² 500 mg po qid x 2 weeks
Late Latent and Unknown duration	<ul style="list-style-type: none"> • Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	Doxycycline ² 100 mg po bid x 4 weeks or Tetracycline ² 500 mg po qid x 4 weeks
Neurosyphilis ¹⁴	<ul style="list-style-type: none"> • Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	Procaine penicillin G, 2.4 million units IM q d x 10-14 d plus Probenecid 500 mg po qid x 10-14 d
Pregnant Women¹⁴			
Primary, Secondary, and Early Latent ¹⁵	<ul style="list-style-type: none"> • Benzathine penicillin G 	2.4 million units IM	None
Late Latent and Unknown duration	<ul style="list-style-type: none"> • Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	None
Neurosyphilis ¹⁴	<ul style="list-style-type: none"> • Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	Procaine penicillin G, 2.4 million units IM q d x 10-14 d plus Probenecid 500 mg po qid x 10-14 d
HIV Infection			
Primary, Secondary and Early Latent	<ul style="list-style-type: none"> • Benzathine penicillin G 	2.4 million units IM	Doxycycline ² 100 mg po bid x 2 weeks or Tetracycline ² 500 mg po qid x 2 weeks
Late Latent, and Unknown duration ¹⁴ with normal CSF Exam	<ul style="list-style-type: none"> • Benzathine penicillin G 	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	None
Neurosyphilis ¹⁴	<ul style="list-style-type: none"> • Aqueous crystalline penicillin G 	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	Procaine penicillin G, 2.4 million units IM q d x 10-14 d plus Probenecid 500 mg po qid x 10-14 d

11 Contraindicated during pregnancy.

12 Safety in pregnancy has not been established.

13 Counseling especially about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.

14 Patients allergic to penicillin should be treated with penicillin after desensitization.

15 Some experts recommend a second dose of 2.4 million units of Benzathine penicillin G administered 1 week after the initial dose.